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04743 7590 04/01/2004

MARSHALL, GERSTEIN & BORUN LLP
 6300 SEARS TOWER
 233 S. WACKER DRIVE
 CHICAGO, IL 60606



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Anthony G. Sitko (Depositor's name)
 (Signature)
 June 22, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/974,044	10/10/2001	Eli Cohen	29452/10006	7609

TITLE OF INVENTION: METHOD AND APPARATUS FOR DIAGNOSING HEMOSTASIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLENHORST, MAUREEN	1743	436-069000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Marshall,
 2 Gerstein &
 3 Borun LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Haemoscope Corporation

Niles, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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(Authorized Signature)

(Date)

June 22, 2004

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06/28/2004 HDESS2 00000050 09974044

01 FC:2501
 02 FC:1504
 03 FC:8001

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